

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Attached for filing is the patent application of:

Inventor: ITOH

Entitled: TEST TUBE TYPE DISCRIMINATION APPARATUS

and including attachments as noted below:

Newly executed Declaration, Copy of Declaration from prior application, Abstract
 Please delete the following inventors in the continuation/division/continuation-in-part application:

Deleted persons:

13 pages of specification and claims (including 6 numbered claims), and
 1 sheets of accompanying drawing/s.

Record the attached assignment to , , and return to the undersigned.

Attached is a Power of Attorney.

Priority is hereby claimed under 35 U.S.C. § 119 based on the following foreign applications:

Application Number	Country	Day/Month/Year Filed
2002-318703	JAPAN	31 October 2002

, respectively, the entire content of which is hereby incorporated by reference in this application..

Certified copy(ies) of foreign application(s) is/are attached.

Certified copy(ies) filed on _____ in prior appln. no. _____ filed _____

Petition filed in prior application to extend its life to insure co-pendency.

The prior application is assigned to , ,

It is hereby requested that the Examiner consider the art cited in the parent application by applicant and/or the Examiner for the reasons stated therein. A listing of that art is attached.

Applicant claims "small entity" status. "Small entity" statement attached.

Please enter the attached and/or below preliminary amendment prior to calculation of filing fee:

Also attached: Information Disclosure Statement; Non-Publication Request; Nucleotide and/or Amino Acid Sequence Submission; Statement deleting Inventor(s) named in prior application; Other: PTO 1449 W/References

FILING FEE IS BASED ON CLAIMS AS FILED LESS ANY HEREWITH CANCELED

Basic Filing Fee	\$	770.00
Total effective claims 6 - 20 (at least 20) = 0	x \$ 18.00	\$ 0.00
Independent claims 2 - 3 (at least 3) = 0	x \$ 86.00	\$ 0.00
If any proper multiple dependent claims now added for first time, add \$290.00 (ignore improper)		\$ 0.00
	SUBTOTAL	\$ 770.00
If "small entity," then enter half (1/2) of subtotal and subtract		-\$(385.00)
	SECOND SUBTOTAL	\$ 385.00
Assignment Recording Fee (\$40.00)		\$ 0.00
	TOTAL FEE ENCLOSED	\$ 385.00

Any future submission requiring an extension of time is hereby stated to include a petition for such time extension.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

Correspondence Address:

Customer Number: **23117**

Telephone: (703) 816-4000
 Facsimile: (703) 816-4100
 ARC:pdc

NIXON & VANDERHYPE P.C.

By Atty: Arthur R. Crawford, Reg. No. 25,327

Signature: 

22389-U.S.PTO
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